

# TENNESSEE CERTIFIED CROP ADVISER

Sequence No. \_\_\_\_\_

## Continuing Education Units (CEU)

## Quick Agenda Form

**MEETING TITLE:** \_\_\_\_\_

**LOCATION: (city, state)** \_\_\_\_\_

\_\_\_ **Pre-Approval** \_\_\_ **Post-Approval** \_\_\_ **Self-Directed**      **MEETING DATE:** \_\_\_\_\_

**CONTACT Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **City, State Zip:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

						Office Use Only	
Start/End Time	Topic	Speaker, Credentials	Total Minutes	CEU Code	Points Requested	CEU Code *	CEU's *

Competency Codes:	Total CEUs Approved
<b>N/M</b> (Nutrient Management)	
<b>S/W</b> (Soil and Water Management)	
<b>P/M</b> (Pest Management)	
<b>C/M</b> (Crop Management)	

\* Gray Shaded Areas for Office Use ONLY.  
Please do not complete.

I hereby certify that all information submitted on this form is correct and true to the best of my knowledge. I recognize an ethics violation may revoke my CCA status.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

MAIL THIS FORM TO: **Mr. Cleston Parris**  
**Exec. Sec., TN CCA Program**  
**7633 Breckenridge Lane**  
**Knoxville, TN 37938-4129**

Please allow 6-8 weeks for processing.